

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1564 SKEET CLUB ROAD HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller on July 9, 2015. The following deficiencies cited during the March 26, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components of doors equipped with Special Locking Arrangements. This could effect all occupants who would need to evacuate through the door(s) if the exit were obstructed.	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 101}	Continued From page 1 Findings on July 9, 2015: a. The exit door at the kitchen service corridor has a magnetic lock installed and there is not an emergency release switch provided. This is not in accordance with the NC State Building Code requirement to have an emergency release switch located within 3 feet of the locked door. c. The exit door at the exit corridor between Bedroom 27 and Bedroom 28 has a magnetic lock installed and the emergency release switch requires a key to operate. Observation of staff unlocking the door using the emergency release switch revealed that the key could not be removed from the switch without reenergizing the lock. This is not in accordance with the NC State Building Code requirement that the emergency release switch be an on/off switch.	{C 101}		
{C 133}	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on July 9, 2015:	{C 133}		

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{C 133}	Continued From page 2 a. There were no hand grips (grab bar) for the tub in the following locations to include but not limited to: i. Spa #3,	{C 133}		
{C 153}	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: Based on observation, the Building was not maintained in a safe by failing to ensure that exit door locks are easily operable by a single hand motion from the inside at all times. This could affect all occupants needing to evacuate through the door if exiting were delayed. Findings on July 9, 2015: b. The exit door at the Exit Corridor between Bedroom Bedroom 27 & Bedroom 28 had dead bolt with inside thumb turn in addition to a lockset door knob.	{C 153}		
{C 188}	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.	{C 188}		

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{C 188}	Continued From page 3 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 26, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle outside the exit between Bedroom 11 & 12 was missing its cover plate. Findings on July 9, 2015: Cover plate is on site but not installed.	{C 188}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a smoke barrier wall that did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on July 9, 2015:	{C 189}		

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{C 189}	Continued From page 4 a. The left front corridor cross-corridor doors, back leaf rub the frame and did not close with acceptable clearances when the fire alarm system released the doors. 5. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on July 9, 2015: b. The corridor door assembly to the Sale Office had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe 's stop. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on July 9, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling at the following locations to include but not limited to: i. Corridor outside of Spa 2.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of	{C 199}		

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{C 199}	Continued From page 5 two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on March 26, 2015: a. The exhaust fan was not running, at the following locations to include but not limited to: i. Bedroom 9. ii. Bedroom 15	{C 199}		